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## \*BIBDATASHEET\*

CONFIRMATION NO. 1049

Bib Data Sheet

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/616,465 | FILING DATE<br>07/08/2003<br><br>RULE | CLASS<br>280 | GROUP ART UNIT<br>3618 | ATTORNEY<br>DOCKET NO.<br>1-24510 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

James M. Koerlin, Broomfield, CO;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/040,279 10/19/2001 PAT 6,715,784  
 which is a CIP of 09/583,854 05/31/2000 PAT 6,588,792

Yes

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NO

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/05/2003

|  |  |                           |                         |                       |                            |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>HP</u> Initials | STATE OR<br>COUNTRY<br>CO | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

## ADDRESS

04859  
 MACMILLAN SOBANSKI & TODD, LLC  
 ONE MARITIME PLAZA FOURTH FLOOR  
 720 WATER STREET  
 TOLEDO, OH  
 43604-1619

## TITLE

Coordinated articulation of wheelchair members

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>918 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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